FORM D

Type of Filing:

Name of Issuer

DataPipe, Inc.

Address of Executive Offices

Brief Description of Business Managed hosting services

Type of Business Organization corporation

business trust

Class C Common Stock Financing

Filing Under (Check box(es) that apply):

Address of Principal Business Operations

(if different from Executive Offices)

UNITED STATES SECURITIES AND EXCHANGE COMMISS

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTIO

other (please specify

DE

Actual Estimated

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	June 30, 2008			
Estimated ave	rage burden			
hours per respon	nse 16.00			

SECTISE ONLY

- NOTICE OF SALE OF SECURITIES	SEC OSE ONE I
PURSUANT TO REGULATION D,	Prefix Serial
SECTION 4(6), AND/OR	DATE RECEIVED
IFORM LIMITED OFFERING EXEMPT	CION
ndment and name has changed, and indicate change.)	72 13 730
Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE .
A. BASIC IDENTIFICATION DATA	
e issuer	
ndment and name has changed, and indicate change.)	
(Number and Street, City, State, Zip Code) y City, NJ 07302	Telephone Number (Including Area Code (201) 792-1918
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code
<u>_</u>	

G	ENER	ΑĪ.	INSTR	UCTI	ONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(77d(6).

limited partnership, already formed

0 3

limited partnership, to be formed Month

(check if this is an amendment and name has changed, and indicate change.)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice i and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if I which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

New Filing Amendment

Enter the information requested about the issuer

10 Exchange Place, Suite 1200, Jersey City, NJ 07302

Actual or Estimated Date of Incorporation or Organization:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. SEC

Year

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CN for Canada; FN for other foreign jurisdiction)

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

BOOK & VIOL

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper annount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION —

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 6

A, BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Allen, Robb
Business or Residence Address (Number and Street, City, State, Zip Code) 10 Exchange Place, Suite 1200, Jersey City, NJ 07302
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Hernandez, Felix
Business or Residence Address (Number and Street, City, State, Zip Code) 10 Exchange Place, Suite 1200, Jersey City, NJ 07302
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Parks, Michael
Business or Residence Address (Number and Street, City, State, Zip Code) 10 Exchange Place, Suite 1200, Jersey City, NJ 07302
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Hopper, Peter
Business or Residence Address (Number and Street, City, State, Zip Code) 1350 Avenue of the Americas, Suite 1145, New York, NY 10019
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual Trattner, Matthew
Business or Residence Address (Number and Street, City, State, Zip Code) 10 Exchange Place, Suite 1200, Jersey City, NJ 07302
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Baum Private Investments, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Theodore Baum, 1350 Avenue of the Americas, Suite 1145, New York, NY 10019
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Small Ventures USA, LP
Business or Residence Address (Number and Street, City, State, Zip Code) 3050 Post Oak Blvd., Suite 460, Houston, TX 77056

A. BASIC IDENTIFICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Centaurus Capital, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) Attn: John Arnold, 3050 Post Oak Blvd., #850, Houston, TX 77056
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Intersplash, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Robb Allen, 60 Fairview Rd., Tenafly, NJ 07670
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

					B. IN	NFORMAT	TION ABO	UT OFFER	ING				
1	Uac th	a icenae cole	l or does the	a iccuse into	and to call t	to non noore	dited invest	tore in this	offering?			Yes	No ⊠
١.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							•••••					
2.								\$ N/A					
					•	•						Yes	No
3. 4.			permit joint tion request									\boxtimes	Ш
٦.	commi	ssion or sin	nilar remune	ration for s	olicitation	of purchase	rs in connec	tion with sa	les of secu	rities in the	offering.		
	or state	es, list the n	sted is an as name of the l	broker or de	ealer. If mo	re than five	(5) persons	to be listed					
Full		•	you may se first, if indiv		nformation	for that bro	ker or deale	er only.					
				<u> </u>			<u> </u>			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Bus	iness or	Residence	Address (Ni	imber and S	Street, City,	State, Zip	Code)						
Nar	ne of As	sociated Br	oker or Dea	ler									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Puro	chasers						
	(Ch	eck "All Sta	tes" or chec	k individua	States)	• • • • • • • • •	• • • • • • • • •					🗆 A	All States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	₩V	NH	NJ	NM	٧Y	NC	ND	ОН	ÞΚ	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	wı	WY	PR
Full	Name (Last name	first, if indiv	ridual)									
Bus	iness or	Residence	Address (Nu	imber and S	Street, City,	State, Zip	Code)		,				
Nan	ne of As	sociated Br	oker or Dea	ler			····						
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	chasers		•				
	(Che	eck "All Sta	tes" or checl	k individual	States)			• • • • • • • • •				🗖 A	All States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	ĜΑ	HI	ID
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	۱V	ИН	NJ	NM	NY	NC	ND	ОН	рк	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full	Name (Last name	first, if indiv	ridual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nan	ne of As	sociated Br	oker or Dea	ler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	(Che	ck "All Sta	tes" or check	c individual AR	States)	co	ET]	DE]	[DC]	FL	ĢΑ	∐ A	II States
	IL	IN	IA]	KS	KY	[A	ME	MD	MA	MI	MN	MS	МО
	MT	NE	[V]	NH	ГИ	NM	VY	NC	ND	ОН	DК	OR	
	RI	sc		IN	īχ	עד <u>ו</u>	VT	VA	WA	W\	WI	WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt\$		\$	
	Equity	10,000,000	\$	4,102,123.20
	Common Preferred			
	Convertible Securities (including warrants)	0	\$	0
	Partnership Interests\$	0	\$	0
	Other (Specify)\$	0	\$	0
	Total\$		\$	4,102,123.20
	Answer also in Appendix, Column 3, if filing under ULOE.			_
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	7	\$	4,102,123.20
	Non-accredited Investors	0		0
	Total (for filings under Rule 504 only)		5	s
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		\$	S
	Regulation A		9	3
	Rule 504		\$	S
	Total			3
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		S	
	Printing and Engraving Costs			
	Legal Fees			49,262.00
	Accounting Fees			,=====
	Engineering Fees.	_		
	Sales Commissions (specify finders' fees separately)		•	
		_	•	1 275 00
	Other Expenses (identify) Filing Fees			1,375.00
	Total	IXI		50,637.00

	C. OT ERMOTRICE, NO	middle of five bot one, but brode in a		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjust	ed gross	\$ <u>9,949,363.00</u>
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estin i of the payments listed must equal the adjust	nate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		🗆 s	🗆 \$
	Purchase of real estate		🗆 s	D \$
	Purchase, rental or leasing and installation of m and equipment	achinery	s <u> </u>	🗆 s
	Construction or leasing of plant buildings and f	acilities	🗆 s	🗆 \$
	Acquisition of other businesses (including the voffering that may be used in exchange for the assuer pursuant to a merger)	ssets or securities of another		🗆 s
	Working capital			
	Other (specify):			🗆 s
			 🗆 s	🗆 s
	Column Totals		🗆 s	0 S 9,949,363.00
	Total Payments Listed (column totals added)			9,949,363
		D. FEDERAL SIGNATURE		
sig	sissuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to funformation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange	Commission, upon wri	
Iss	uer (Print or Type)	Signature , /	Date	
Da	taPipe, Inc.	1/1/	June 20, 200	8
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	·	
Fe	ix Hernandez	Chief Financial Officer	•	